

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Paul ReidTelephone: 843 683 0137Address: 663 William Hilton Parkway

Fax: _____

Hilton Head Island SC 29926 4125 Apt

Other: _____

Email: PaulREID@hotmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: JUNE 24th 2022

CLASS C - TAXI

Application is hereby made for a Certificate, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Paul Reid
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
663 William Hilton Parkway Hilton Head Island
Street Address of Applicant
Apt 4125
Mailing Address of Applicant (if different from street address)
843 683 0137
Phone
Paulreid@hotmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation or Limited Liability Company (LLC) - List names and addresses of two principal officers.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. Select "Statewide" if you intend to operate in all counties in South Carolina. Otherwise, you will only be allowed to operate in those counties checked below.

☒ Statewide

<input type="checkbox"/>	Abbeville	<input type="checkbox"/>	Cherokee	<input type="checkbox"/>	Florence	<input type="checkbox"/>	Lee	<input type="checkbox"/>	Saluda
<input type="checkbox"/>	Aiken	<input type="checkbox"/>	Chester	<input type="checkbox"/>	Georgetown	<input type="checkbox"/>	Lexington	<input type="checkbox"/>	Spartanburg
<input type="checkbox"/>	Allendale	<input type="checkbox"/>	Chesterfield	<input type="checkbox"/>	Greenville	<input type="checkbox"/>	Marion	<input type="checkbox"/>	Sumter
<input type="checkbox"/>	Anderson	<input type="checkbox"/>	Clarendon	<input type="checkbox"/>	Greenwood	<input type="checkbox"/>	Marlboro	<input type="checkbox"/>	Union
<input type="checkbox"/>	Bamberg	<input type="checkbox"/>	Colleton	<input type="checkbox"/>	Hampton	<input type="checkbox"/>	McCormick	<input type="checkbox"/>	Williamsburg
<input type="checkbox"/>	Barnwell	<input type="checkbox"/>	Darlington	<input type="checkbox"/>	Horry	<input type="checkbox"/>	Newberry	<input type="checkbox"/>	York
<input type="checkbox"/>	Beaufort	<input type="checkbox"/>	Dillon	<input type="checkbox"/>	Jasper	<input type="checkbox"/>	Oconee		
<input type="checkbox"/>	Berkeley	<input type="checkbox"/>	Dorchester	<input type="checkbox"/>	Kershaw	<input type="checkbox"/>	Orangeburg		
<input type="checkbox"/>	Calhoun	<input type="checkbox"/>	Edgefield	<input type="checkbox"/>	Lancaster	<input type="checkbox"/>	Pickens		
<input type="checkbox"/>	Charleston	<input type="checkbox"/>	Fairfield	<input type="checkbox"/>	Laurens	<input type="checkbox"/>	Richland		

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#
FORD	2017 - FLEX	2FMGK5D85HBA14181

INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of **insurance policies** unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE**. Please attach (or include) a copy of a quote from the insurance company.

The following insurance quote is for:

Paul Reid

Name of Applicant

663 William Hittor Parkway Hittor Head Island SC 29928 apt 4125

Address of Applicant

PROGRESSIVE

Name of Insurance Company

663 William Hittor Parkway Hittor Head Island SC 29928

Website or Home Office Address of Company

The Insurance Company quote must show the following:

- Liability Insurance Premium
- Liability Insurance Coverage Limits
- Term of Coverage

Minimum Limits - Intrastate Only:

1-7 Passengers*	\$25,000/50,000/25,000
8-15 Passengers*	\$25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Additional Questions

Paul Reid
Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T., if applicable?

☐ Yes ☐ No ☒ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

6. Is Applicant financially fit to do business as a certified carrier?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

4. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Paul Reid

Applicant's Signature

OWNER

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Richland)

SWORN TO BEFORE ME

This 24 day of June, 2022

DeShaun Brown

Notary Public

Commission Expires

7/11 2028

DE'SHAUN BROWN

Notary Public - State of South Carolina
My Commission Expires July 11, 2028

Underwritten by:
Progressive Northern Insurance Co
June 14, 2022
Policy Period: Jun 15, 2022 - Jun 15, 2023
Page 1 of 3
Customer Phone number: 1-843-683-0137

Paul S Reid
663 WILLIAM HILTON PKWY
HILTON HEAD ISLAND, SC 29928

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through agent.progressive.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

Policy information

Business: Black Car

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$5,507.00
Paid in full discount	-559.00
Policy premium if paid in full	\$4,948.00

Payment plans

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$3.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 9.09% Down	\$5,507.00	\$502.41	9 payments of \$503.46 and 1 of \$503.45
10 Payments, 10.0% Down	\$5,507.00	\$552.50	9 payments of \$553.50
11 Payments, 12.50% Down	\$5,507.00	\$690.13	9 payments of \$484.69 and 1 of \$484.66
11 Payments, 16.67% Down	\$5,507.00	\$919.69	9 payments of \$461.74 and 1 of \$461.65
10 Payments, 20.0% Down	\$5,507.00	\$1,103.00	8 payments of \$492.34 and 1 of \$492.28
6 Pay, Seasonal, 20.0% Down	\$5,507.00	\$1,103.00	5 payments of \$883.80
10 Payments, 25.0% Down	\$5,507.00	\$1,378.25	9 payments of \$461.75
4 Pay, Seasonal, 25.0% Down	\$5,507.00	\$1,378.25	3 payments of \$1,379.25
2 Payments, 50.0% Down	\$5,507.00	\$2,754.50	1 payments of \$2,755.50

Make payments by mail or at agent.progressive.com. Each payment includes a \$6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$4,948.00	\$4,948.00	None
11 Payments, 9.09% Down	\$5,820.00	\$530.86	9 payments of \$534.92 and 1 of \$534.86
10 Payments, 10.0% Down	\$5,820.00	\$583.80	9 payments of \$587.80
11 Payments, 12.50% Down	\$5,820.00	\$729.25	9 payments of \$515.08 and 1 of \$515.03
11 Payments, 16.67% Down	\$5,820.00	\$971.86	9 payments of \$490.82 and 1 of \$490.76
11 Payments, 20.0% Down	\$5,820.00	\$1,165.60	10 payments of \$471.44
10 Payments, 20.0% Down	\$5,820.00	\$1,165.60	8 payments of \$523.16 and 1 of \$523.12
6 Pay, Seasonal, 20.0% Down	\$5,820.00	\$1,165.60	5 payments of \$936.88

10 Payments, 25.0% Down	\$5,820.00	\$1,456.50	8 payments of \$490.84 and 1 of \$490.78
4 Pay, Seasonal, 25.0% Down	\$5,820.00	\$1,456.50	3 payments of \$1,460.50
4 Pay, Quarterly, 25.0% Down	\$5,820.00	\$1,456.50	3 payments of \$1,460.50
2 Payments, 50.0% Down	\$5,820.00	\$2,911.00	1 payment of \$2,915.00
Outside Premium Financing	\$5,820.00	\$5,820.00	None

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-843-763-1709**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of Birth	Points	Additional information
Paul S Reid		0	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,020
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist			441
Bodily Injury	\$500,000 combined single limit		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			493
Bodily Injury	\$500,000 combined single limit		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$5,000 each person		154
Comprehensive			196
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,151
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			50
See Auto Coverage Schedule			
Subtotal policy premium			\$5,505
UM Fund Fee			2
Total 12 month policy premium and fees			\$5,507

Auto coverage schedule

1. **2017 FORD FLEX** Stated Amount: * \$35,000 (including Permanently Attached Equip)
VIN: [REDACTED] Garaging Zip Code: 29928 Radius: 100 miles
Personal use: Y Body type: Luxury SUV

Liability Premium	Liability Premium	UIM Premium	UIM Premium	Med Pay Premium	
	\$3020	\$441	\$493	\$154	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	
	\$1,000/\$0	\$196	\$1,000	\$1151	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
	\$30 per day Max \$900	\$50			\$5,505

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discount

Policy	
	Electronic Funds Transfer
Form QUOTE (03/17)	